

# ***‘Making a Difference?’:*** Starting to assess the impact of a modified TC in Bhutan

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# Bhutan – surrounded by China, India and Nepal







- Bhutan is a poor developing country
- educational, health and social services supported by external funding
- small population (about 750,000), but
- significant AOD use in youthful Bhutan





# Alcohol

- Alcohol is of particular concern, with a significant number of those dependent younger than 25
- Alcohol is associated with, suicide, violence, and liver disease.



## Tashigang Hospital

TOP TEN DISEASES - INDOOR YEAR 2015	
1-URINARY TRACT INFECTION	159
2-LOWER RESPIRATORY INFECTION	158
3-ALCOHOLIC LIVER DISEASE	103
4-PNEUMONIA	89
5-SKIN INFECTIONS	57
6-BRONCHIAL ASTHMA	56
7-ANAEMIA	53
8-DIARRHOEA	51
9-CHRONIC OBSTRUCTIVE AIRWAY DISEASE	31
10-ROAD TRAFFIC ACCIDENT	28



# Cannabis – grows wild in and out of towns



Associations with problematic withdrawals, and psychotic presentations

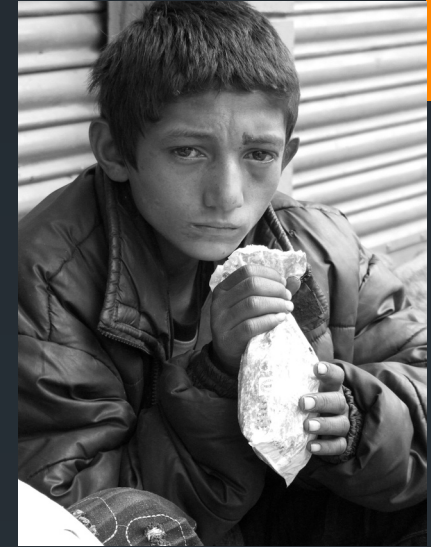
Recent police seizure of local hashish





- In addition to alcohol,

- Glue



- Cough syrup(Corex)



# Oral use of a *combination* of pharmaceuticals



- Spasmo Proxyvon

[dextropropoxyphene hydrochloride, paracetamol]



- Relepin

[Dextromethorphan, dicyclomine hydrochloride, paracetamol]

- Nitrazepam (N10)



- Combinations like these – the **South Asian Cocktail** – are injected in neighbouring countries with extremely negative outcomes – from abscesses to HIV and HCV





# Additional concerns ....

- A possible increase in injecting drug use, prevalent in neighbouring Nepal and north-eastern Indian states which have high levels of IDU-related HCV and HIV
- Regional spread of ATS use
- Tobacco
- Betel Nut - *Doma*







# Current responses in Bhutan

## Main Agencies:

- Bhutan Narcotics Control Authority - BNCA
- Bhutan Youth Development Foundation - YDF
- Chithuen Phendhey Association - CPA

## Activities:

- **Prevention** – community action, education and information, schools...
- **Outreach** - limited
- **Drop-in-centres** - limited
- **Detoxification** – main hospital (part of psychiatric ward), women's refuge
- **Treatment**
  - Outclient / Drop-in centres (2 or 3 almost day programs)
  - Day programs
  - Residential rehabilitation – 2 centres CPA [male] and YDF [ male and female]



# Chithuen Phendhey Association - CPA



- **Samzang residential program – Paro:**

- Manager and 3 Peer Counsellors, a Cook, Carpenter – Vocational Instructor
- Attachments at times – assist in running facility – voluntary and gaining experience
- Up to 20+ residents – most aged 24 to 40
- Some court referred

- **Drop-in-Centre – Paro**

- Peer Counsellor



# CPA Samzang 'Retreat' [Rehabilitation] Centre



# Samzang - Program

- Daily schedule

## Samzang Retreat Centre

### Weekly Schedule of Activities

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Time	Sunday
06:30-6:45	Wakeup/ Washing/ Brushing	Wakeup/ Brushing/ Washing	Wakeup/ Brushing/ Washing	Wakeup/ Brushing/ Washing	Wakeup/ Brushing/ Washing	Wakeup/ Brushing/ Washing	8:00-8:30	Wakeup/ Washing/ Brushing
6:45-7:00	Morning Tea	Morning Tea	Morning Tea	Morning Tea	Morning Tea	Morning Tea	8:30-9:00	Breakfast
7:00-7:30	Prostration	Prostration	Prostration	Prostration	Prostration	Prostration	9:00-9:45	Cleaning
7:30-8:30	Prayer/ Meditation	Prayer/ Meditation	Prayer/ Meditation	Prayer/ Meditation	Prayer/ Meditation	Prayer	9:45-1:00	<b>M O V I E</b>
8:35-9:00	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
9:00-9:40	Occupational Therapy/ Cleaning	Occupational Therapy/ Cleaning	Occupational Therapy/ Cleaning	Occupational Therapy/ Cleaning	Occupational Therapy/ Cleaning	Mass Cleaning		
9:45-10:45	Feelings and moods	Relapse prevention	Educative session	Relationship Issues	Educative session			
10:45-10:55	Break	Break	Break	Break	Break	<b>Carpentry</b>		
11:00-12:30	Carpentry	Carpentry	Carpentry	Carpentry	Carpentry			
12:30-1:30	Lunch	Lunch	Lunch	Lunch	Lunch	..... Lunch.....		
1:30-2:30	Educative session	Goals and plans	Journal	Relapse prevention	Feelings and moods	<b>OFF</b>	Movies continuation	
2:30-3:30	Games	Carpentry	Games	Carpentry	Games	Carpentry	<b>Sunday</b>	



4:00-4:15	Tea	Tea	Tea	Tea	Tea	Tea	4:15	Tea
4:45-5:30	Recreational/ Gardening	Group Counselling	Recreational/ Gardening	Group Counselling	Recreational/ Gardening	<b>OFF</b>  <b>Movie(One movie at a time)</b>	4:45-8:30	<b>O F F</b>
5:30-6:30	Evening Meeting	Support Group Meeting(NA/AA)	Evening Meeting	Support Group Meeting(NA/AA)	Evening Meeting			
6:45-7:45	Evening Prayer/ Meditation	Evening Prayer/ Meditation	Evening Prayer/ Meditation	Evening Prayer/ Meditation	Evening Prayer/ Meditation			
8:00-8:25	BBS(News)	BBS(News)	BBS(News)	BBS(News)	BBS(News)			
8:30-9:00	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	8:30-9:00	Dinner
9:00-9:45	Inventory	Reflection	Inventory	Reflection	Inventory	Movie continuation	9:00-9:45	Reflection
10:00	Bed time/ Lights off	Bed time/ Lights off	Bed time/ Lights off	Bed time/ Lights off	Bed time/ Lights off		10:00	Bed time/ Lights off

# Samzang - Program

- Spiritual
- Vocational

# Spiritual





# Mr Saito Carpentry



# Capacity building to date

## Australian:

- Andrew Biven
- John Howard:
  - AOD, Mental Health, Police, Women's Refuge workers on AOD issues and Counselling skills
  - Peer educators: Counselling skills and Clinical Supervision
  - Mental Health and AOD: John Howard and Brent Waters – Psychiatrist
- Lynne Magor-Blatch:
  - Organisational and Administrative matters
- John Howard and Lynne Magor-Blatch:
  - Symposia open to public as well as AOD, Health, Education, Police sectors – principles of effective treatment, working with families
- Ronan O'Connor:
  - Continuum of care
- **Plus:**
  - Colombo Plan – ACCE – Asian Centre for Certification and Education of Addiction Professionals – ICCE - US (NAADAC) – US, Thai and India dominated
  - UNODC
  - Various workshops: CBT, etc.
  - University of Adelaide, Kings College London, and other online courses





Clinical Supervision, workshops,  
symposia, and online courses





But, is the program making a  
difference?

# First attempt to explore impact and outcomes of Samzang – a modified TC

- Getting the data set – historical re-construction – shared knowledge
- Outcomes determined by panel of four current and ex staff. Where doubts raised, ex-client, family or close associates contacted for details
- Initial analyses



# Findings

- Admissions to date: 246
- Demographics:
  - Mean age 32
  - Under 25 = 32%
  - 26-35 = 35%
  - 36-45 = 23%
  - Over 46 = 10%





# Findings: Substance use

- Main drugs of concern:
  - **Under 25**: both alcohol and pills (38.4%) and mix of pills (34.3%), alcohol (26.9%)
  - **26 to 35**: alcohol (71.3%), alcohol and pills (19.5%), pills (9.2%)
  - **36 – 45**: alcohol (96.4%), alcohol and pills and mix of pills 1.8% each
  - **Over 46**: alcohol (100%)

# Outcomes

- No relapse and stability:

■ Under 25	=	22%
■ 26-35	=	30%
■ 36-45	=	30%
■ Over 45	=	26%

- No relapse, but unstable:

■ Under 25	=	29%
■ 26-35	=	30%
■ 36-45	=	33%
■ Over 45	=	31%

# Outcomes

- Relapse but no further treatment:

- Under 25 = 31%
- 26-35 = 26%
- 36-45 = 30%
- Over 45 = 26%

- Relapse and further treatment:

- under 25 = 17%
- 26-3 = 12%
- 36-45 = 5%
- Over 45 = 9%

- Prison 1.2%, Died 1.2%







# Thanks

- ATCA
- ATCA Conference Committee
- Extra special thanks to Anne-Maree Kaser and Windana community for funding Karma to travel to and from Australia
- WHOS, Odyssey House – Sydney, Melbourne
- Pelden, Sonam and other peer counsellors and residents of Samzang

